



## PUBLIC FIRE & LIFE SAFETY II PRACTICAL SKILLS EVALUATION CHECK LIST

State Form 53532 (3-08)

DEPARTMENT OF HOMELAND SECURITY / DIVISION OF TRAINING

- INSTRUCTIONS:**
1. This form is intended to be used as a record of the student's performance of each skill listed and its associated National Fire Protection Association (NFPA) objective.
  2. This form will serve as the permanent record for the practical skills testing of Public Fire & Life Safety II and should be kept in the personnel records at the fire department.
  3. This form should be used for the evaluation of the student; however, the evaluator should refer to the Indiana Firefighting Training System Practical Skills book and NFPA standards for additional guidance on the proper completion of the demonstrated skill.
  4. Report any errors or problems to the Indiana Firefighting Training System Certification section at 1-800-666-7784.

**REMINDER:** A skill may not be evaluated by the instructor who taught that skill.

Name of student (last, first, middle)	Driver's license number	Firefighter certification number
Name of fire department / agency		County
Location of test		DHS course number

SKILL	OBJECTIVE	DATE (month, day, year)	PASS / FAIL	SIGNATURE OF EVALUATOR
Administration	NFPA 1035; 3-2.1; 3-3.2; 2000 Edition			
Planning & Development	NFPA 1035; 3-3.1; 2000 Edition			
Planning & Development	NFPA 1035; 3-3.2; 3-3.3; 3-3.4; 2000 Edition			
Planning & Development	NFPA 1035; 3-3.5; 3-3.6; 2000 Edition			
Evaluation	NFPA 1035; 3-4.1; 3-4.2; 2000 Edition			
Education	NFPA 1035; 3-4.3; 3-4.4; 2000 Edition			
Education	NFPA 1035; 3-4.5; 3-4.6; 2000 Edition			

### LEAD EVALUATOR CERTIFICATION OF SKILLS

I hereby certify that the student identified on this form has successfully completed all of the practical skills listed above. Falsification of this information may result in disciplinary action against the instructor or evaluator by the Board of Firefighter Personnel Standards and Education.

Signature of lead evaluator	Printed name of lead evaluator	Certification number	Date (month, day, year)
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